

LEVEL OF CARE DETERMINATION

Program Requested: ☐ Nursing Facility ☐ HCBS (Initial) ☐ HCBS YES/Discretionary ☐ Unknown

Identifying Information

Applicant : _____	Date of Request: _____
SSN: _____	Anticipated LOS: _____
Address: _____	Screen Request By: _____
City/State/Zip: _____	Agency: _____ Phone: _____
Phone: _____	Applicant Location: _____
D.O.B. _____ Age: _____ Sex: _____	Significant Other: _____
Medicaid Status: _____	Relationship: _____ Phone: _____
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Address: _____
County of Application: _____	City/St/Zip: _____
Nursing Facility Admit Date: _____	Other Contacts: _____
Medicare Skilled ? _____ Date _____	_____
Previous Medicaid Screen ? _____ Date _____	_____

Health Care Professional: _____	Phone: _____
Medical Diagnoses/Summary: _____	

Special Treatments/Medications/Therapies/Equipment: _____	

Social and Other Information: _____

Dementia: ☐ Yes ☐ No Traumatic Brain Injury: ☐ Yes ☐ No Communication Deficit: ☐ Yes ☐ No

Determination

Review Start Date: _____	HCBS Referral: 9 Yes 9 No Date: _____
NF Level of Care: <input type="checkbox"/> Yes <input type="checkbox"/> No Level I Date: _____	CMT: _____
Temporary Stay: _____ to _____	NF Placement: _____
RPO Technical Assist: <input type="checkbox"/> RPO Onsite: <input type="checkbox"/>	Effective Date: _____
Comments: _____	Screeners: _____ Complete Date: _____
_____	Foundation Contacts: Name and Phone Number
_____	1) _____
_____	2) _____
_____	3) _____
Criteria Met: _____	4) _____

cc: Case Management Team _____; Nursing Facility _____; Referral Source _____

RATING SCALE DEFINITIONS:

Follow this scale when completing the Functional Assessment Portion of the Screen.

- 0 = Independent: The individual is able to fulfill ADL/IADL needs without the regular use of human or mechanical assistance, prompting or supervision.
- 1 = With Aids/Difficulty: To fulfill ADL/IADL, the individual requires consistent availability of mechanical assistance or the expenditure of undue effort.
- 2 = With Help: The individual requires consistent human assistance, prompting or supervision, in the absence of which the ADL/IADL cannot be completed. The individual does however actively participate in the completion of the activity.
- 3 = Unable: The individual cannot meaningfully contribute to the completion of the task.

Follow this scale when completing the Functional Capabilities Portion of the Screen.

- 0 = Good: Within normal limits.
- 1 = Mild Impairment: Some loss of functioning, however, loss is correctable and/or loss does not prevent the individual's capacity to meet his/her needs.
- 2 = Significant Impairment: Loss of functioning that prevents the individual from meeting his/her needs.
- 3 = Total Loss: No reasonable residual capacity.

FUNCTIONAL ASSESSMENT

Name _____

Coding for Functional Assessment: 0 - Independent 1 - With Mechanical Aids 2 - With Human Help 3 - Unable

FOUNDATION USE ONLY

	Current Status/Service	Adequat	Comments
Bathing		Yes No	
Mobility		Yes No	
Toileting/ Continence		Yes No	
Transfers		Yes No	
Eating		Yes No	
Grooming		Yes No	
Environmental Modification		Yes No	
Medication		Yes No	
Equipment		Yes No	
Dressing		Yes No	
Respite		Yes No	
Shopping		Yes No	
Cooking		Yes No	
Housework		Yes No	
Laundry		Yes No	
Money Management		Yes No	
Telephone		Yes No	
Transportation		Yes No	
Socialization/ Leisure Activities		Yes No	
Ability to Summon Emergency Help		Yes No	

Patient Mental Status: (check all appropriate responses) Oriented: Person ☐ Place ☐ Time ☐

Coding for Functional Capabilities: 0 - Good 1 - Mild Impairment 2 - Severe Impairment 3 - Total Loss

☐ Occasionally disoriented ☐ Inappropriate Behavior ☐ Medication Misuse ☐ Sleep Problems
☐ Disoriented ☐ Confused ☐ Alcohol/Drug Misuse ☐ Worried/Anxious
☐ Unresponsive ☐ Long Term Memory Loss ☐ Isolation ☐ Loss of Interest
☐ Impaired Judgment ☐ Short Term Memory Loss ☐ Danger to Self/Others 24-Hr Supervision Needed ☐ Yes ☐ No
☐ Ambulation _____ ☐ Hearing _____ ☐ Speech _____ ☐ Vision _____

Respiratory Status: _____

Comments: _____